

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538602

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10	1		1			
11		1		1		
12		1		1		
13		2		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24		4		1		
25	1		1			
26		1		1		
27	1		1			
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		6		1		
34	1		1			
35		1		1		
36		1		1		
37		2		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		0		1		
43	1		1			
44						
45						
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49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	47	←	36	←		←
TOTAL CLAIMS	54		43			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						